

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/226216

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
5						
6	1					
7	1	1				
8						
9						
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
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46						
47						
48						
49						
50						
TOTAL IND.	4	5		5		5
TOTAL DEP.	14	14		14		14
TOTAL CLAIMS	23					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS